

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 194  
Registered No. 1811

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Madgalena Villere (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 21, 1925  
Month Day Year

8. FATHER  
Full name Louis Villere  
9. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.  
10. Color or race Mex.  
11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Durango, Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Estevan Perez  
15. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.  
16. Color or race Mex.  
17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 10-30 P.m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lyn M. Leroy M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year  
453-721-579  
Registrar

Address Miami, Arizona  
Filed July 30, 1925  
C. E. Davis  
Registrar

MARGIN RESERVED FOR BINDING. WRIT. MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.